



BRIAN SANDOVAL  
*Governor*

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF MORTGAGE LENDING  
1830 College Parkway, Suite 100  
Carson City, NV 89706  
(775) 684-7060 Fax (775) 684-7061  
www.mld.nv.gov

TERRY JOHNSON  
*Director*

### CHANGE OF ADDRESS

Mail completed form to the Division of Mortgage Lending at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending to change the location of its principal office or branch office.

- ☐ Escrow company  
☐ Covered service provider, foreclosure consultant or loan modification consultant (independent licensee)  
☐ Exempt person or entity

Name of Licensee (dba): \_\_\_\_\_ License No.: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Proposed New Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Will the company share the premises with another company? ☐ Yes ☐ No

If yes, list the business and nature of the relationship: \_\_\_\_\_

Is the proposed location a home office location? ☐ Yes ☐ No If yes, complete the Home Based Business Affidavit.

Required Items – Checklist:

- ☐ Original license. (The Division will return an amended license reflecting the change of address upon approval)  
☐ List of agents moving to the new location.

\_\_\_\_\_  
Signature of Owner or Qualified Employee

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Date

Original or “wet” signature required.